


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT #A10940 1. Entity Name APPLGATE PLAZA LTD.	
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Principal Place of Business 1000 S. OLD WOODWARD AVE. SUITE 201 BIRMINGHAM, MI 48009	Mailing Address 1000 S. OLD WOODWARD AVE. SUITE 201 BIRMINGHAM, MI 48009
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01222007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-2403817	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIVKIN, BERNARD
5940 SW 19TH STREET
PLANTATION, FL 33317

DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	BROWN, EMERY
NAME	1000 S. OLD WOODWARD
STREET ADDRESS	BIRMINGHAM, MI 48009
CITY-ST-ZIP	
DOCUMENT #	RIVKIN, BERNARD
NAME	1000 S. OLD WOODWARD
STREET ADDRESS	BIRMINGHAM, MI 48009
CITY-ST-ZIP	
DOCUMENT #	SAVIN, JOSEPH
NAME	1000 S. OLD WOODWARD
STREET ADDRESS	BIRMINGHAM, MI 48009
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/07-80061-013 508.75

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IN THIS SPACE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE